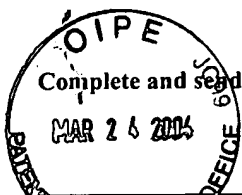


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Complete and send this form, together with applicable fee(s), to: **Mail**
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MeAdy J. Almborg	(Depositor's name)
<i>[Signature]</i>	(Signature)
March 24, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/891,844	06/26/2001	Kyle M. Hanson		4760

TITLE OF INVENTION: PROCESSING APPARATUS WITH SENSORY SUBSYSTEM FOR DETECTING THE PRESENCE/ABSENCE OF WAFERS OR OTHER WORKPIECES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VALENTINE, DONALD R	1742	205-205000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Semitool, Inc.

Kalispell, MT

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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